



## **Part B - How to Succeed: Caregiving Strategies That Provide Answers for Common Behavior Themes**

<b>Behavior</b>	<b>Parenting Approach</b> <i>“Behavior is Exploration”</i>	<b>Alzheimer’s Disease Caregiving Approach</b> <i>“Behavior is Communication”</i>	<b>Rationale</b>
<b>Confusion</b>	<u>Correction:</u> Parents correct children who are confused in an effort to help them learn about the environment and what “reality” is.	<u>Enter Their World:</u> The key to solving confusion is to help people with dementia feel safe & listened to, and find something familiar for them to anchor to. <ul style="list-style-type: none"> <li>- Reassure them. Acknowledge what they are expressing – even if it’s about a time in their past. Help them to name what they are feeling.</li> <li>- When you find out what is confusing from their point of view, validate their feelings and then help them solve the confusion.</li> <li>- Switch the person with AD from asking about people he is missing from the past, to reminiscing about the people the way the person with AD remembers (the needed connection the person is really asking for).</li> <li>- Direct the person to something familiar to anchor them - a routine, a song, a touch, a favorite activity. (Try to trigger fond memories or “positive holograms.”)</li> <li>- In over-stimulation, simplify the situation, eliminate distractions and commotion, slow pace of environment.</li> </ul>	<ul style="list-style-type: none"> <li>- The person with Alzheimer’s disease (AD) cannot always perceive our “reality” because his brain can’t retain information about the present in the usual ways that it did in the past.</li> <li>- What the person remembers from the past has largely become his present.</li> <li>- Things from the past are familiar and comforting to discuss, remember and do. Connecting with the past is a way of reassuring safety and familiarity in a confusing world.</li> <li>- It is very important to honor the person’s memory without correcting it (as in assuming a parent is still alive) – you could risk re-traumatizing the person by reminding him of a past traumatic event. Correcting will not make him remember the truth about the past. He will likely forget a correction in a few moments.</li> <li>- Confusion can also result from forgetting steps in doing a task, feeling overwhelmed by the number of things going on in the environment, or simple inability to recognize anything as familiar.</li> </ul>

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<b>Word finding</b>	<u>Encourage Building Vocabulary:</u> Tell the child the “correct” word and define what it means.	<u>Show Understanding of Meaning:</u> “Agree with your whole body,” continue the sentence as if the word had been said and show you understand the meaning of the missing word. Build off the gestures and sounds the person uses to fill in for words, in order to convey your understanding.	<ul style="list-style-type: none"> <li>- The person with dementia is seeking to connect through communication. Words are not as important as the gestures and emotions involved.</li> <li>- The person may have lost the ability to speak words or understand them.</li> <li>- Use body language and gestures to show you care and understand even if the communication doesn’t make sense. Correcting is ineffective because the person cannot remember it for longer than a few seconds in many cases.</li> </ul>
<b>Incontinence</b>	<u>Toilet Training:</u> The child is learning to master his body. The parent carefully shapes the child’s behavior through rewards and correction until the child has learned this complex task.	<u>Preserve Dignity:</u> Treat the older adult with respect. Provide ways for the person to be as continent & engaged in previous skills as possible, as discreetly as possible. <ul style="list-style-type: none"> <li>- This can be done through the use of absorbent undergarments and scheduled trips to the bathroom at routine times – like after meals, getting home, etc.</li> <li>- Scheduled bathroom breaks at regular intervals – every two hours, combined with restricting fluids after dinner - has proven to be an effective strategy.</li> <li>- Build on past skills and associations by using items that resemble the familiar (e.g., pull up undergarments) being used in familiar places (e.g., place in undergarment drawers, change while sitting on the toilet etc.).</li> </ul>	<ul style="list-style-type: none"> <li>- Shaping the person’s behavior is not possible with someone with AD who cannot learn normally anymore.</li> <li>- Efforts to correct or reward will have no effect on learning, and will only upset and humiliate.</li> <li>- The person simply has lost control over the brain connections that control continence. The person may not respond in time, cannot find the way to the bathroom, can’t remember which room is the bathroom.</li> <li>- To aid memory: provide clear path and memory prompts (sign/picture on door), position bed so toilet is visible at night.</li> <li>- It may be that the urge to go to the bathroom is still there, but the brain can’t remember what it means.</li> </ul>

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<b>Repetitive Behavior</b>	<u>Encourage Learning:</u> Parents encourage “practice makes perfect.” Learning by doing and by manipulating the environment leads to mastering the skills involved and stores the sequence of actions in long-term memory.	<u>Change the Pattern:</u> Interrupt the “stuck” thought pattern by directing the person to a new (or substitute) activity, or a subject that has meaning to them (song, request or story). - It may also help to reassure the emotional need the behavior is expressing. - Often the repetition can be channeled into a similar but safer repetitive activity from the person’s past, such as sorting/fidgeting with tools, puzzles, screws, laundry, mail, magazines, etc.	<ul style="list-style-type: none"> <li>- People with AD are unable to stop their own repetitive thoughts.</li> <li>- Often the theme they are stuck on is one with emotional needs (holographic memories, past traumas) attached to it – perhaps from the past.</li> <li>- Introducing a different meaningful event changes the pattern (fond memory vs. traumatic or problematic).</li> <li>- Reminiscing can be a good way to shift to a different focus.</li> </ul>
<b>Wandering</b>	<u>Impose Limits and Consequences:</u> The adult teaches the child what the boundaries are, and how far away the child can go independently and still be safe.	<u>“Out of Sight out of Mind”:</u> Remove things that people with dementia associate with leaving the house. - Put away coats, hats, boots, outdoor shoes. - Disguise doors to look like part of the wall or a window, use murals to cover doors. - Register with <i>Safe Return</i> through the local Alzheimer’s Assn. <u>Make Wandering Safe &amp; Rewarding:</u> - Set up places where the person can walk (inside and out) safely & freely. - Place objects of interest out in visual range to encourage person to discover, stop and engage in meaningful activity. - Take regular walks outdoors together or in a safely and securely enclosed yard.	<ul style="list-style-type: none"> <li>- Environmental “cues” in the person with AD’s surroundings – such as coats, shoes, umbrellas, and doorways – signal unconsciously that “it’s time to go.”</li> <li>- The person cannot “learn” not to wander, it’s a natural instinct which is part of his long-term memory.</li> <li>- The person with AD has a lot of energy and needs to walk it off. Walking can be soothing.</li> <li>- Pain can cause a person to try and run from the discomfort; evaluate this too.</li> <li>- Note: Changes in vision cause people with AD to see dark carpet or flooring as a hole or “visual cliff” which can cause agitation if it’s blocking the person’s path. Remove or cover dark floor/step covering if causing problems.</li> </ul>

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<b>Sleep/wake cycle disturbance</b>	<u>Correct the Schedule:</u> Parents guide the child back into her routine. Regular bedtimes and routines are reinforced and learned over time.	<u>Tap into Rituals:</u> <ul style="list-style-type: none"> <li>- Find out the nightly rituals the adult has had in her life, such as saying prayers before sleep.</li> <li>- Make them part of her "cueing" routine that it's time to sleep.</li> </ul> <u>Expend Energy in the Day:</u> <ul style="list-style-type: none"> <li>- Often poor sleep habits are formed over time due to boredom or inactivity.</li> <li>- Keeping the person on a routine of meaningful activity, physical exercise and planned rest that agrees with her is essential.</li> </ul> <u>Get a medical evaluation:</u> <ul style="list-style-type: none"> <li>- Rule out health problems with the doctor.</li> </ul> <u>Plan for Awakeness:</u> <ul style="list-style-type: none"> <li>- Perhaps the person was a third shift worker or simply doesn't sleep at night much anymore.</li> <li>- Plan for supervision and low-key relaxing activities during these times.</li> </ul>	<ul style="list-style-type: none"> <li>- The older adult with AD is operating on habits from the past because they can be remembered and are familiar.</li> <li>- Work with her "ingrained" habits to help her maintain her sleep health. (know them, e.g., hot bath in evening)</li> <li>- The daily schedule provides safety, familiarity and security for people with AD.</li> <li>- Activities engage them in meaningful events that allow them to sleep and wake in patterns.</li> <li>- These patterns are usually life long. It is essential to get detailed information on the person's history to address this.</li> <li>- Providing comfort objects (body pillow, stuffed animals) for a "snuggle factor" may help.</li> <li>- The person will not typically be able to "learn" a new routine if it hasn't been a lifelong pattern, or connected to one.</li> </ul>
<b>Need for reassurance</b>	<u>Encourage Self-mastery and Growth:</u> The parent reassures the child that he is learning, growing, competent and safe. This encourages further exploration and growth.	<u>Respond to the Deeper Meaning:</u> Listen to the emotion behind the older adult's words. <ul style="list-style-type: none"> <li>- Wanting to "go home" or to find a parent or spouse long dead is a desire for wanting the security and love associated with the person.</li> <li>- Provide things that assure safety, feelings of being secure and loved. Avoid "correcting" to reality.</li> </ul>	<ul style="list-style-type: none"> <li>- People with AD may not communicate needs in "reality". They remember or associate with the past. The person may think she lives in another time/place.</li> <li>- Telling someone he is wrong or correcting her may cause further emotional distress and risk frustrated outbursts.</li> </ul>

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<b>Constant questioning</b>	<u>Answer with Facts:</u> Children ask questions to learn and verify information. Parents respond with facts and clarify misunderstood information.	<u>Change the Pattern:</u> Repeated questions usually don’t stop when they are answered. - Gently redirect the conversation to a different topic of interest or a physical activity that interrupts the thought pattern. If it’s a question relating to a potentially unmet need (hungry, bathroom, pain, etc.) try to address the problem. - Validating the underlying emotion (like “I’m sure you miss your mother” or “tell me about your mother”) sometimes stops the pattern too by meeting the emotional need the person is searching to have met. - Correcting or clarifying his current reality (e.g. “Your mom’s been dead for years”) will cause unnecessary trauma.	<ul style="list-style-type: none"> <li>- The person with AD is unable to stop his own repetitive thoughts, including repeating questions.</li> <li>- He is unable to remember the answer to the question for more than a few seconds, and doesn’t remember asking.</li> <li>- Often the theme he is stuck on is one with emotional needs or memories attached to it – perhaps from the past.</li> <li>- Validating his reality with “no I haven’t seen your mother yet, but I’ll take care of you until she comes back” acknowledges his concern and need for reassurance.</li> <li>- Introducing a different meaningful event, or reminiscing about the topic to help the person connect to the emotional need behind it, also changes the pattern.</li> </ul>
<b>Assistance with complex tasks (e.g., dressing or bathing)</b>	<u>Reinforce Mastery of Task:</u> Parents show children the task and then teach them how to do it. Praise is used when the task is learned and mastered.	<u>Enable Highest Independence:</u> Assist with the <b>sequence</b> not the task. - Assist the person by doing only those parts of the task that she cannot remember or do. - Encourage him to assist you, involving her in as much as she can do as possible. - Use physical cues: gesturing, starting the next step with her hand over yours. Placing an object in her hand will activate “body memory” for the next part of the task (e.g. cup, spoon, etc.)	<ul style="list-style-type: none"> <li>- AD causes interruptions in the ability to remember sequences of tasks.</li> <li>- Getting dressed has many steps, from choosing clothes to fastening buttons.</li> <li>- By involving the person in the tasks within the sequence that she can still do, it preserves the nerve pathways in the brain that are still left.</li> <li>- Simplify choices (down to two) to assure success in routines.</li> <li>- Sing the instructions or play as a game to make the activity fun and rewarding.</li> </ul>

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<b>Outbursts</b>	<u>Set Limits Around Behavior:</u> Parents teach children about emotional control and "acceptable" behavior.	<u>Find Root Cause and Address the Need, Plan Strategies That Preserve Safety and Dignity:</u> A good problem solving approach is a must. Be a detective and look for clues. Remember that all behavior is communication. <ul style="list-style-type: none"> <li>- What is the person trying to tell you? Pain is an under-diagnosed problem in AD people. Rule out chronic conditions &amp; fractures.</li> <li>- Document over time what is going on and who is present when these outbursts occur.</li> <li>- Identify possible things that could influence the situation such as boredom, hunger, dehydration, time of day, (*sundowning is an escalation of a natural anxiety everyone has in the early evening during transition time), physical complaints like pain or constipation that can't be communicated, pace of environment (too much or too little), people coming and going, noise, etc.</li> <li>- During the early evening transition time it is especially helpful to occupy the person with quieting activities. Minimize any noise, people coming and going, etc.</li> <li>- Remember, try many approaches (one at a time) to change the environment when trying to influence a person with AD's behavior.</li> <li>- Often something that works on one day may not on the next. This is why it is helpful to be creative and have many options when caring for someone with AD.</li> </ul>	<ul style="list-style-type: none"> <li>- Some outbursts are a result of frustration, boredom or over-stimulation.</li> <li>- As the emotional areas of the brain become damaged, a person with AD may be unable to remember "acceptable" behavior limits learned.</li> <li>- *"Sundowning" is a common experience where a person with AD has increased agitation in the late afternoon and early evening (daylight to darkness) hours. Turn lights on early to ease transition. Studies show dehydration can make this agitation worse, so give extra fluids in afternoon.</li> <li>- This is a time when many people used to fix dinner, leave jobs, pick up kids, etc. and is a remembered transition time.</li> <li>- A medical evaluation to rule out underlying health problems is a must. Rule out physical problems that can be cause of behavior (pain, depression, etc).</li> <li>- Work with the person's doctor to try a dose of prescribed pain reliever (like Tylenol) to rule in/out pain as a cause. (Regular dosing may be needed since person with AD can't sense/ask for medication reliably.)</li> <li>- Drug intervention with newer medications designed to help enhance cognitive function for people with AD can also be very helpful.</li> </ul>